24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Priorities for Iowa Political Fund	C C00568170
	O cocco
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
On Message Inc.	10 03 7 2014
Mailing Address 705 Melvin Ave #105	Amount
City State Zip Code	1014209.00
Annapolis MD 21401	Transaction ID : SE.4110 Date of Disbursement or Obligation
Purpose of Expenditure Media/TV Placement Category/ Type 004	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	ee Sought: House District:
Bruce Braley Oppose	President State: IA
Calendar Year-To-Date Per Election for Office Sought Disb 214	oursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
	, and a second
City State Zip Code	
Durage of Evanditure	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office	ce Sought: House District:
Oppose	President Senate State:
Galorida Todi To Balo	oursement For: Primary General
Per Election for Office Sought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	1014209.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	1014209.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
24.0	10 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	